

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: INTERIOR, FISH & WILDLIFE
ADDRESS: LEAVENWORTH NATL FISH HATCHERY
LEAVENWORTH, WA 98826

FACILITY: US FISH AND WILDLIFE SERVICE - LEAVENWORTH NATI
LOCATION: 12790 FISH HATCHERY ROAD
LEAVENWORTH, WA 98826

WA0001902	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 98826
MINOR
(SUBR 07)
Icicle Creek
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MX DA AV	*****	mL/L		Twice per Month	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.2 INST MAX	mL/L		Weekly	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 P 0 See Comments	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	*****	*****	*****		Monthly when	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Daily	MEASRD
Suspended solids	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
85001 0 0 Intake	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. INST MAX	*****	mg/L		Monthly	GRAB
Suspended solids	SAMPLE MEASUREMENT				*****	*****	*****	*****			
85001 1 0 Effluent Gross	PERMIT REQUIREMENT	704 MX DA AV	921 DAILY MX	kg/d	*****	*****	*****	*****		Monthly	COMP-8
Suspended solids	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85001 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 INST MAX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

General: Unless otherwise indicated, requirements are for Total Discharge. P=See Permit Part A.2; other than trace amounts; Q=Intake, for Cleaning Effluent; Permit Part A.2; R=Net Effluent, for Cleaning Effluent, Permit Part A.2; S=Effluent, for Cleaning Effluent; Permit Part A2

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Suspended solids	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85001 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Twice per Month	GRAB
Suspended solids	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
85001 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 INST MAX	mg/L		Twice per Month	GRAB

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